

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$200.00 for date of service, 10/09/01.
- b. The request was received on 03/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Example EOBs from other Carriers
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/01/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 05/01/02. The response from the insurance carrier was received in the Division on 05/16/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 04/24/02

"The insurance reviewed and denied the reconsideration appeal on 12-14-01, but we feel this code should be reimbursed in full because we feel the charge is fair and reasonable. \$200.00 is still due from the carrier for this code.... The reason code 01999 is being used is that it correctly identifies the anesthetic technique, as well as, the surgical approach when one is performing a lumbar facet injection... We feel that the insurance carrier's reason for non-payment of this service cannot be justified and we feel we are entitled to the \$200.00 we billed."
2. Respondent: THE RESPONSE WAS NOT TIMELY AND CONSEQUENTLY NOT ELIGIBLE FOR REVIEW.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/09/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$200.00 for services rendered on the above date in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 and continues to deny reimbursement as "B5R PLEASE RESUBMIT WITH A VALID DME/PROCEDURE CODE."
5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/09/01	01999	\$200.00	\$0.00	B5R	DOP	MFG, Anesthesia Ground Rules (V) (D); CPT Descriptor	<p>The carrier has denied the charges in dispute as "B5R PLEASE RESUBMIT WITH A VALID DME/PROCEDURE CODE." The Carrier's response is untimely and no other EOB's or re-audits were noted. Therefore, the Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.</p> <p>The provider has submitted medical documentation to support services rendered using the appropriate separate "unlisted procedure" CPT code; therefore, reimbursement of \$200.00 is recommended.</p>
Totals		\$200.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$200.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$200.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of September 2002.

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division

DT/dt